

Ten-Year Experience of Minimally Invasive Valve Surgery at a Single Center

UMC Heart Center, Astana

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UMC

UNIVERSITY MEDICAL CENTER

Heart Center Astana

BACKGROUND & AIMS

Context: MICS reduces trauma, blood loss, ICU stay and recovery vs. full sternotomy.

Aim: 10-year single-center review of MICS at UMC Astana — safety & efficacy across all access routes.

Design: Retrospective analysis. 2015–2025. n = 683 procedures.

PROGRAMME MILESTONES

- 2015** First minithoracotomy at UMC
- 2017** J-sternotomy introduced;
- 2020** MIDCAB launched; volume exceeds 60 cases/yr
- 2025** 10-year mark: 683 procedures all access types

683

Total Procedures

10 yrs

Study Duration

ACCESS ROUTES

Minithoracotomy **607 (88.9%)**

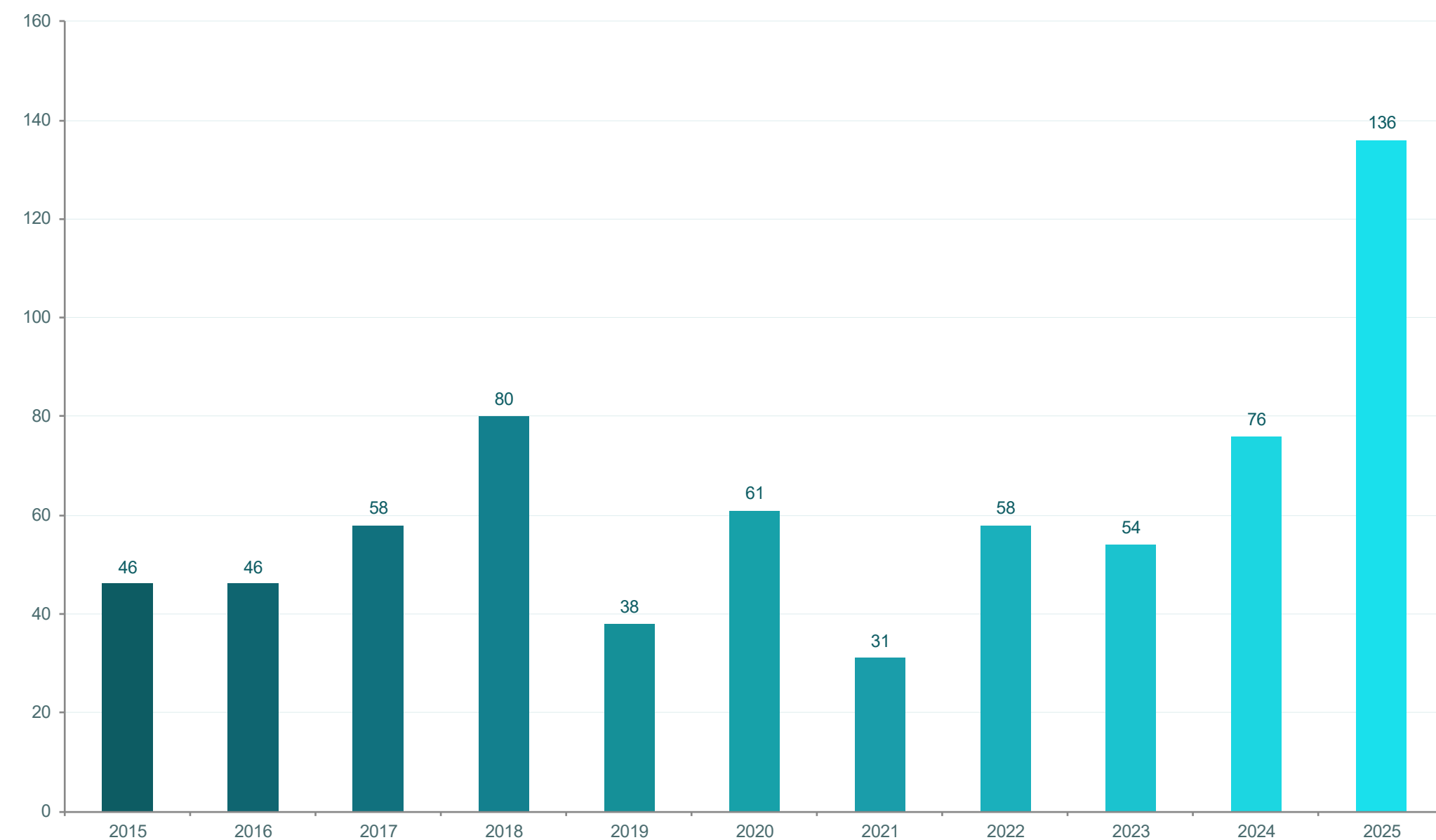
J-Sternotomy **76 (11.1%)**

SURGICAL ACCESS TYPES

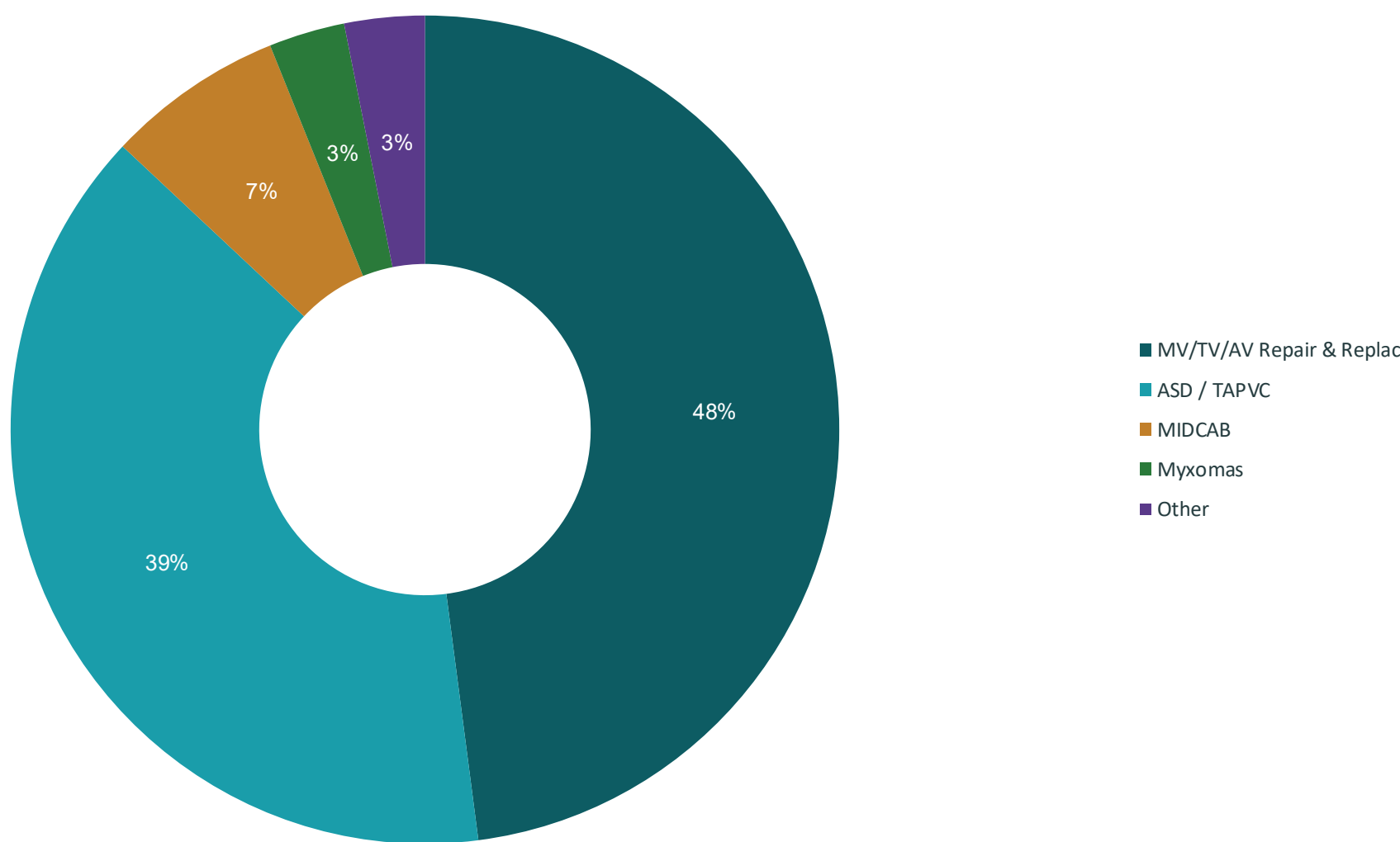
- Minithoracotomy
- J-Sternotomy
- MIDCAB

ANNUAL OPERATIVE VOLUME

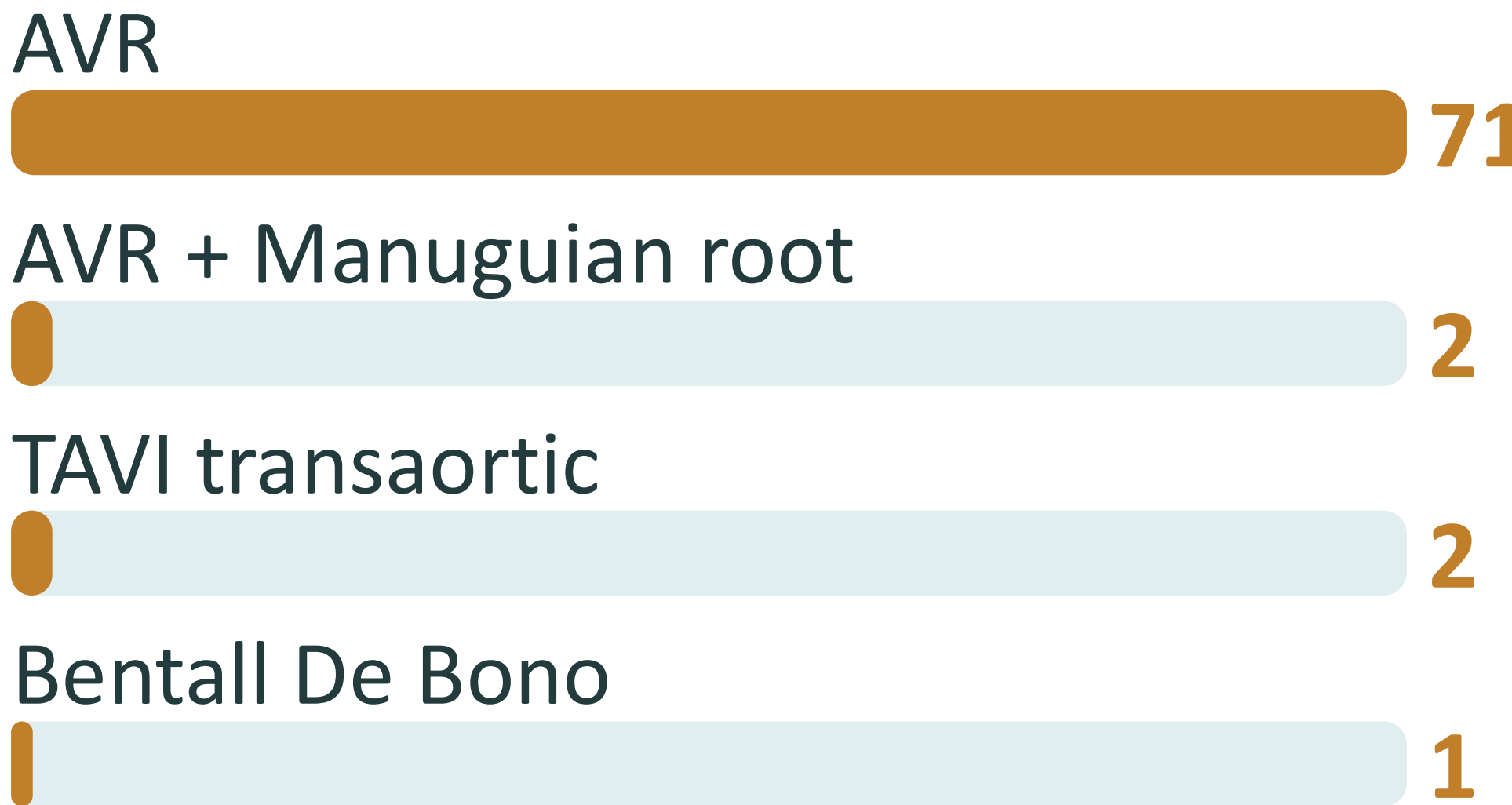
Total n = 683 · UMC Heart Center Astana ·



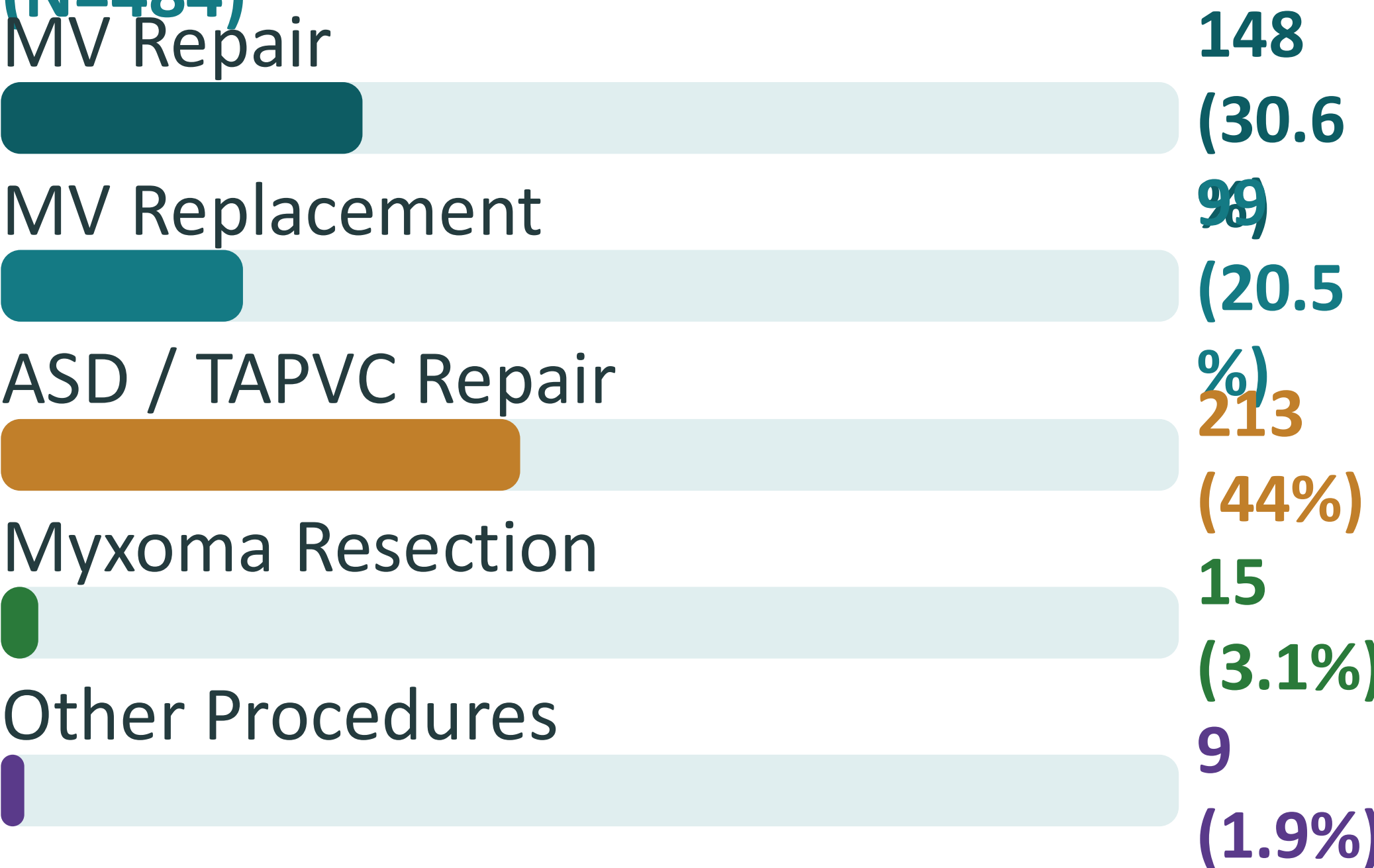
MINITHORACOTOMY BREAKDOWN (N=607)



J-STERNOTOMY BREAKDOWN (N=76)



PATIENT & PROCEDURE CHARACTERISTICS MINITHORACOTOMY VALVE PROCEDURES (N=484)



J-STERNOTOMY PATIENT PROFILE (N=76)

46.6±14.9

Mean Age (yrs)

76% Male

M:58 / F:17

Mechanical: 54 (71%) / Biological: 22 (29%)

MIDCAB PROFILE (N=64)

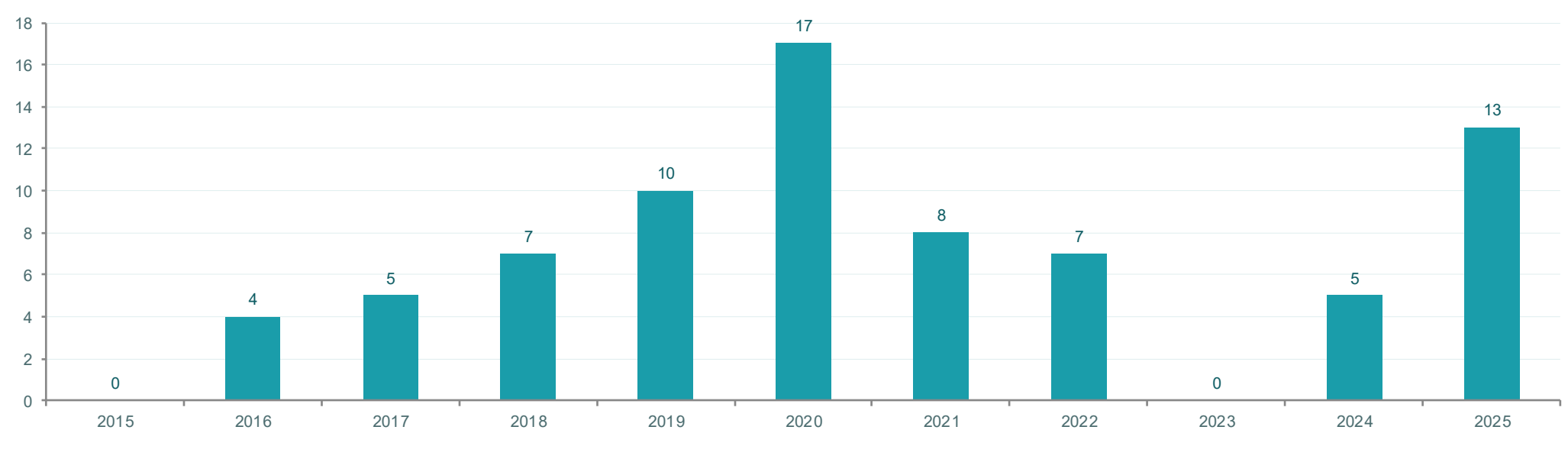
57±2.5

Mean Age (yrs)

59% Male

M:38 / F:26

MIDCAB ANNUAL VOLUME



POSTOPERATIVE RESULTS (N=683)

30-day outcomes — all access routes combined

0.29%

30-day mortality (2 / 683)

✓ 30-day Mortality	2
• Postop Bleeding	5
✓ Postop IM	0
✓ Postop Dialysis	0
• → Sternotomy	2
• Wound Infection	1
• Atrial Fibrillation	20
• AV Block Gr.1	9
• LBBB	8
• AV Block Gr.2–3	7

* Includes AF (32), AV block Gr.1–3, LBBB (8)

CONCLUSION

A 10-year single-center study confirms MICS is effective & safe.
683 procedures · 0.29% mortality · 0 MI · 0 dialysis

"Minimally invasive surgery: less trauma, same — or better — outcomes."